

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	3					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	3					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	3					
24	1					
25	1					
26	1					
27	3					
28	3					
29	3					
30	3					
31	1					
32	1					
33	1					
34	1					
35						
36						
37	3					
38	3					
39	3					
40	3					
41	3					
42	3					
43	3					
44	3					
45	3					
46	3					
47	3					
48	3					
49	3					
50	3					
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					3	
52					1	
53					1	
54					1	
55					1	
56					1	
57					1	
58					1	
59					1	
60					1	
61					6	
62					6	
63					6	
64					1	
65					1	
66						
67						
68						
69						
70						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓	4	↓
TOTAL DEP.		←		←	73	←
TOTAL CLAIMS					77	